## PART B- FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to:

Mail Stop ISSUE FEE Commissioner for Patents

P.O. Box 1450

Alexandria, Virginia 22313-1450

Or Fax

(571) 273-2885

520.46414X00

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All Further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as Indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for Maintenance fee notifications.

FIRST NAMED INVENTOR

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 020457 7590 03/23/2009

**FILING DATE** 

ANTONELLI, TERRY STOUT & KRAUS, LLP 1300 NORTH SEVENTEENTH STREET **SUITE 1800** ARLINGTON, VA 22209-3873

APPLICATION NO.

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying Papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope Addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name) (Signature) (Date)

ATTORNEY DOCKET NO. | CONFIRMATION NO.

10/587,171		6/1/2007 Yasutaka		KONNO 520.		46414X00	7268	
TITLE OF INVENTION: X-Ray CT Scanner								
APPL. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DI	JE PRE	V. PAID ISSUE FEE	TOTAL FEE (S) DUE	DATE DUE	
Nonprovisional	NO	\$1510	\$300		\$0	\$1810	06/23/2009	
EXAMINER			ART UNIT	CL	ASS-SUBCLASS	]		
KAO, CHIH CHENG G 2882					378-019000			
1. Change of correspondence address or indication of "Fee Address: (37 2. For printing on CFR 1.363).						e, list		
Change of correspondence address (or Change of Correspondence					(1) the names of up to 3 registered patent attorneys 1 ANTONELLI, TERRY, STOUT			
Address form PTO/SB/122 attached. agents OR, alternatively.					& KRAUS, LLP. Or agents OR, alternatively,			
"Fee Address" indication (or "Fee Address" Indication form					(2) the name of single firm (having as a			
PTO/SB/47; Rev 03-02 or more recent) attached. Use of Customer  Number is required.				member a registered attorney or agent) and the names of up to 2 registered patent				
attorneys or agents. If no name is listed no name will be printed.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							nted.	
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment,								
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
HITACHI MEDICAL CORPORATION Tokyo, Japan								
Please check the appropriate assignee category or categories (will not be printed on the patent):								
4a. The following fee(s) are enclosed:  4b. Payment of Fee (s):								
<ul> <li>✓ Issue Fee</li> <li>✓ Publication Fee (No small entity discount permitted)</li> <li>✓ Payment by credit card. Form PTO-2038 is attached.</li> </ul>								
Advance Order-# of Copies 4 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any								
overpayment, to Deposit Account Number <u>01-2135</u> ,								
5. Change in Entity State	•	•	_	m				
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).								
	ired) will not be accept					e application identified above. NO er party in Interest as shown by t		
Authorized Sign	nature <u>/Melvin_Kr</u>	aus/ 4K			Date: <b>June 23, 2</b> 0	009		
Typed or printed	nome Melvin k	Craus		Pogletrafi	on No. 22.466			

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and Submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent tot en Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.